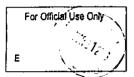
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fellure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7497	2. Fiscal Year Covered From;			
-	[] / [1:25] Through: [2] / 31 / 2005			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William K Van ica	Name District No! PCD, MEBA, AFL-CIO			
	Labor Organization File Number 066 - 581			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 800			
Street 8293 GAINON CIRCLE.	Street 444 N. C. o to 1 Street, NW.			
City Easton	City Washington			
State MD ZIP Cods + 4 21601	State <b>D. C.</b> ZIP Code + 4 <b>2000</b> )			
5. Position in labor organization. BRENS 1 Agent				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions:				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (Including trade name, if επγ).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
the second control of	7.b. Amount.			
Street				
City				
State ZIP Code + 4	1			
State [ ] All Coca 14 [ ]				
Signature Wise of the law that all of the law				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the Instructions.)				
Signed Miles	On 3/28/05 410 635 5353  Date Telephone Number			

Name of Person Filling William K. VAN C	. co File Number U-				
B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name MEBA Benefit 1/1/1005  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1007 Enstean Ave  City Baltimore  State MD ZIP Code + 4 2/202	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name MEBA Benefit MINS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 100 7 EASTERN AVE  City Baltimase  State MP ZIP Coce + 4 2/207	11.a. Nature of such dealing.  MEBA Benefit Plans me jointly - trusted,  Multicomplayer benefit plans that provide.  Multicomplayer benefit plans that provide.  benefits to participants Represented by  the M.E.B.A.  11.b. Approximate dollar value of such dealing.  12.a. Nature of Interest held or income received.  The Amount Identified in Box 11b is for  Reimbursement of travel-pelated expenses  Encursed in Alterday MEBA Benefit Plans borne  trustee meetings for which I are a trustee and was requested attending trustee educational  sponsered by the Interestional Evaluation of Employer.  12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., If any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.				

## MEBA Medical and Benefits Plan 2005 LM-10, LM-30 Reports

<u> </u>	T	Acct/Vendor	Date	Amount	
Name	Plan	Number	Paid	Paid	<u>Explanation</u>
William Van Loo	Medical	571725	2/18/2005		MJB - Lunch February Meeting
William Van Loo	Medical	571725	2/22/2005		MJB - Breakfast February Meeting
William Van Loo	Medical	571725	3/28/2005		Reimbursement of Travel Expense Relating to Trustee Meeting 02/05
William Van Loo	Medical	571700			02/05 BOT Meeting Dinner
William Van Loo	Medical	671700	5/4/2005		Various Meals 02/05 Trustee Meeting
William Van Loo	Medical	571700	4/18/2005		MJB - Dinner April Meeting
Willem Van Loo	Medical	571700	5/6/2005		Relinbursement of Traval Expanse Relating to Trustee Meeting 04/05
William Van Loo	Medical	571700			04/05 BOT Meeting Dinner
William Van Loo	Medical	571700	9/12/2005		Various Meals 04/05 Trustee Meeting
William Van Loo	Medical	671700	6/19/2005		MJB - Dinner June Meeting
William Van Loo	Medical	571700	6/22/2005		MJB - Breakfast June Meeting
Willam Van Loo	Medical	571700	6/23/2005		MJB - Dinner June Meeting
William Van Loo	Medical	571850	6/29/2005		IFEBP Fees
William Van Loo	Medical	571700	7/13/2005		Reimbursement of Travel Expense Relating to Trustee Maeting 08/05
William Van Loo	Medical	571700			06/05 BOT Meeting Dinner
William Van Loo	Medical	571700	7/7/2005		Various Meals 06/05 Trustee Meeting
William Van Loo	Medical		11/4/2005		MJB - Breakfast AOTOS Dinner/NY
William Van Loo	Medical	571850	12/8/2005	\$ 2,544.28	IFEBP November 2005
				\$10,435,11	